

## Proposed Changes to the HCBS 1915(c) Waiver

### Program: Brain Injury

**Deadline: 3/20/2020**

Public Comment Period:

**Posted: 2/20/2020**

**Ends: 3/20/2020**

The proposed changes are open to public comment. Public comments are reviewed by KDADS and may be accepted and applied prior to submission to the Centers for Medicare & Medicaid Services (CMS) for approval.

### Proposed Changes

The Kansas Department for Aging and Disability Services, KDADS, is submitting an amendment to the 1915(c) Waiver for the Brain Injury program.

The proposed effective date of the amendment is June 1, 2020.

#### **Purpose of the Amendment:**

The purpose of this amendment is to unbundle Assistive Services as it currently stands in Kansas 1915(c) HCBS Brain Injury waiver separating Durable Medical Equipment (DME), Vehicle Modification, and Home Modifications as separate waiver services, consequent of a 42 CFR 441.301(b)(4) requirement that multiple services that are generally considered to be separate services may not be consolidated under a single definition.

#### **Services:**

The services unbundled from Assistive Services will be as follows in the proposed waiver amendment:

#### **Home Modification Services: Billing Code: S5165**

Home Modification service shall be a standalone service. The service shall be used to apply physical adaptations to the private residence of a participant or participant's family. The adaptation is deemed necessary to enable the participant to function with greater independence in the home. The adaption is noted as a requirement in the participant's service plan.

#### **Vehicle Modification Services: Billing Code: T2039**

Vehicle Modification service shall be a standalone service that applies adaptations or alterations to a vehicle to accommodate the special needs of the participant. The vehicle modified shall be the waiver participant's primary means of transportation. This service will replace Van Lifts presently provided through Assistive Services.

#### **Durable Medical Equipment (DME): Billing Code: T2029**

DME shall be unbundled from Assistive Services to cover augmentative communication devices and other Durable Medical Equipment needs. State Plan coverage shall be accessed first to satisfy DME needs, and waiver provisions shall only supplement the State Plan.

When DME items provided under the waiver are not covered in the State Plan, the billing code shall be T2029. Purchases shall remain limited to a maximum lifetime expenditure of \$7,500 per participant for the three services unbundled from Assistive Services, and across all waivers.

You may access the documents, or provide your public comment/response using the following methods:

- **Online:** [www.kdads.ks.gov](http://www.kdads.ks.gov)
- **In Person:** At your local Community Developmental Disability Organization (CDDO), Aging and Disability Resource Center (ADRC) or other entities contracted with the state through the agency's ADCSP Commission.
- **Email:** ADCSP Senior Administrative Assistant at [Anita.Flewelling@ks.gov](mailto:Anita.Flewelling@ks.gov) with a ***Subject Line: HCBS BI Amendment Comment/Response/Questions***
- **Mail:**
  - KDADS, Attn: HCBS Programs,  
503 S. Kansas Ave, Topeka, KS 66603.  
Fax: 785-296-0256, Attn: HCBS Programs
- For request for additional information on the amendment, please send in a request using any of the methods listed above.